EXPOSURE CONTROL PLAN (*sample*)[1]

Child Care Directors and Employers

The Model Exposure Control Plan is intended to serve as an employer guide to the OSHA Bloodborne Pathogens standard. A central component of the requirements of the standard is the development of an exposure control plan (ECP). The intent of this model is to provide small employers with an easy-to-use format for developing a written exposure control plan. Each employer will need to adjust or adapt the model for his or her specific use. The information contained in this publication is not considered a substitute for the OSH Act or any provisions of OSHA standards. It provides general guidance on a particular standard-related topic but for specific compliance requirements.

POLICY *sample*

The (Facility Name) is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."
The ECP is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

*Determination of employee exposure
*Implementation of various methods of exposure control, including:
    Universal precautions
    Engineering and work practice controls
    Personal protective equipment
    Housekeeping
*Hepatitis B vaccination
*Post-exposure evaluation and follow-up
*Communication of hazards to employees and training
*Recordkeeping
*Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

[1] The Model Exposure Control Plan is provided by the Occupational Safety and Health Administration, U.S. Department of Labor, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, Directive Number CPL2-2.44D. Appendix D. November 5, 1999.

PROGRAM ADMINISTRATION

__(Name of responsible person or department)_____ is (are) responsible for the implementation of the ECP. __(Name of responsible person or department)_____ will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: _____.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

(Name of responsible person or department)_____ will maintain and provide all necessary personal protective equipment (PPE, like gloves), engineering controls (e.g., proper waste disposal containers), labels, and red bags as required by the standard.
(Name of responsible person or department)_____ will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: _____.

(Name of responsible person or department)_____ will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: _____.

(Name of responsible person or department)_____ will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: _____.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

JOB TITLE	DEPARTMENT/LOCATION
(*Example:* first aid provider)	(Infant/Toddler room)_____
_____	_____
_____	_____
_____	_____

The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

JOB TITLE	DEPARTMENT/LOCATION	TASK/PROCEDURE
(Example: Housekeeper	Environmental Services	Handling Regulated Waste)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions All employees will utilize universal precautions.

Exposure Control Plan Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting (Name of responsible person or department)_____. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request. (Name of responsible person or department)_____ is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

* (For example: first aid station used for all treatment of injury)
* _____
* _____

Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department)_____ every (list frequency_____ or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through (Examples: Review of OSHA records, employee interviews, committee activities, etc.)_____

We evaluate need procedures or new products by (Describe the process)_____

_____

_____

The following staff are involved in this process: (Describe how employees will be involved)_____

(Name of responsible person or department)_____will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE) (example gloves) PPE is provided to our employees at no cost to them. Training is provided by __(Name of responsible person or department) _____ in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

__(Ex., gloves, eye protection, etc.)_____

_____

PPE is located ____(List location)_____ and may be obtained through_(Name of responsible person or department)_____(Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available.)

All employees using PPE must observe the following precautions:

Wash hands immediately or as soon as feasible after removal of gloves or other PPE.

Remove PPE after it becomes contaminated, and before leaving the work area.

Used PPE may be disposed of in _____(List appropriate containers for storage, laundering, decontamination, or disposal).

Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

Never wash or decontaminate disposable gloves for reuse.

Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows: (may refer to specific agency procedure by title or number and last date of review): _____

_____

(For example, how and where to decontaminate face shields, eye protection, resuscitation equipment)

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling **sharps disposal containers** is: (may refer to specific agency procedure by title or number and last date of review) _____

_____

The procedure for handling **other regulated waste** is: (may refer to specific agency procedure by title or number and last date of review) _____

_____

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at _____(must be easily accessible and as close as feasible to the immediate area where sharps are used).

Bins and pails (e.g., wash basins or basins used for vomiting) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware, which may be contaminated, is picked up using mechanical means, such as a brush and dust pan.

Laundry The following contaminated articles will be laundered by this company:

_(contaminated article)_____ (laundry company)_____

_____

Laundering will be performed by _(Name of responsible person or department)

_____ at (time and/or location) .

The following laundering requirements must be met:

* handle contaminated laundry as little as possible, with minimal agitation

* place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (red bags or bags purpose).

* wear the following PPE when handling and/or sorting contaminated laundry: (List appropriate PPE)_____

Labels

The following labeling method(s) is used in this facility:

EQUIPMENT TO BE LABELED (e.g., blood contaminated waste, contaminated laundry, etc.)	LABEL TYPE (size, color, etc.) (red bag, biohazard label, etc.)
_____	_____
_____	_____

(Name of responsible person or department)_____ will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify _____ if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

HEPATITIS B VACCINATION

(Name of responsible person or department)_____ will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at _____(List location or person responsible for this recordkeeping).

Vaccination will be provided by _(List Health care Professional who is responsible for this part of the plan)at (location) .

Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact _____ (Name of responsible person) at the following telephone number :_____.
An immediately available confidential medical evaluation and follow-up will be conducted by (Licensed health care professional) . Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

Document the routes of exposure and how the exposure occurred.
Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

(Name of responsible person or department)_____ ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

___(Name of responsible person or department)_____ ensures that the health care professional evaluating an employee after an exposure incident receives the following:

* a description of the employee's job duties relevant to the exposure incident
* route(s) of exposure
* circumstances of exposure
* if possible, results of the source individual's blood test
* relevant employee medical records, including vaccination status

__(Name of responsible person or department)_____provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

(Name of responsible person or department)_____ will review the circumstances of all exposure incidents to determine:

* engineering controls in use at the time
* work practices followed
* a description of the device being used
* protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
* location of the incident (play room, infant/toddler room, playground, etc.)
* procedure being performed when the incident occurred
* employee's training

If it is determined that revisions need to be made, __(Responsible person or department) _____ will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training conducted by (Name of responsible person or department) . (Attach a brief description of their qualifications.)
All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

1. a copy and explanation of the standard
2. an explanation of our ECP and how to obtain a copy
3. an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
4. an explanation of the use and limitations of engineering controls, work practices, and PPE
5. an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
6. an explanation of the basis for PPE selection
7. information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
8. information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM (other potentially infectious material)
9. an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
10. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
11. an explanation of the signs and labels and/or color coding required by the standard and used at this facility
12. an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at _____.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** at __(Name of responsible person or location of records)_____.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to _____(Name of Responsible person or department)_____.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical **Records.**"
(Name of Responsible person or department) is responsible for maintenance of the required medical records. These **confidential** records are kept at ____(List location)_____for at least the **duration of employment plus 30 years**.
Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to ____(Name of responsible person or department and address)_____

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by _(Name of responsible person or department)_____.

HEPATITIS B VACCINE DECLINATION Form (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name: (please print name) _____

Signed:__(Employee Name)_____

Date:_____

Latex Reaction in Child Care

Child care and food workers use gloves or other products made with latex. Latex (the sap from the Hevea brasiliensis tree) is often used to make *"rubber"* gloves.[2] Some children or adults may react to latex products. The reaction may be mild to severe. Some people may have watery eyes or skin irritation on the hands. Others may have severe allergic reactions like breathing difficulty or collapse. [3]

How do you know if you will react or if the children in your care will react to latex?
Workers may not know they will have a reaction to latex until they are exposed and have symptoms. The reaction may be mistaken for a skin reaction from frequent handwashing or a mild "cold" (watery eyes, runny nose, sneeze or cough). Parents of infants or other young children may not know their child will react to latex. When a latex reaction is suspected, the person needs a medical evaluation. Employers should urge workers to seek medical evaluation and to receive medical guidance about work tasks. When children are suspected of having a latex reaction, child care providers should work with parents to secure medical evaluation and guidance for the child care setting.

What does a medical evaluation for latex reaction mean?
The health care provider will ask many questions about why a person suspects they have a latex reaction. Questions about the type of reaction, frequency of reaction, and exposure to latex are typical. The health care provider will examine any skin reactions. You may have blood tests to determine the level of latex sensitivity. Your health care provider may ask you to see a medical specialist depending on your reaction. Written guidelines and information should be given to you to assist you in determining work tasks to limit or prevent exposure to latex.

What should workers with a known latex reaction do?
People with latex reaction should *wear a medical identification bracelet* or other device stating the latex sensitivity. Workers sensitive to latex should obtain guidelines from their health care provider about appropriate products to use when doing child care tasks.

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[2] Latex is used to make rubber gloves, balloons, rubber pants, elastic, baby bottle nipples or pacifiers and many other common household products.

[3] Preventing Allergic Reactions to Natural Rubber Latex in the Workplace, National Institute of Occupational Safety and Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Publication No. 97-135, July 1998.
Latex Allergy, A Prevention Guide, National Institute of Occupational Safety and Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Publication No. 98-113, Feb. 1999.

Guidelines for workers should be shared with the child care employer and job tasks reviewed. Non-latex products should be available at diaper changing areas, first aid kits, emergency supplies, food service, and in play spaces. Workers with latex reaction should *read the label* of all products suspected of containing latex. If you chose to use latex gloves, use the powder-free gloves with reduced protein content.

What if a child has a latex reaction?

All child care providers within the facility need to be aware of any child with latex reaction. *Latex products should not be used* for these children. Child care providers should work with parents and follow the child's medical guidelines for using non-latex products. Non-latex products should be available at diaper changing areas, first aid kits, emergency supplies, and in play spaces.

Is latex reaction really a serious concern?

The latex reaction usually is seen as skin irritation to the hands or mild symptoms like runny nose and watering eyes. But for some people, the reaction to latex can be life threatening. Workers and older children with latex allergy should wear identification noting the latex sensitivity. It is not practical or safe for young children to wear medical identification—so parents and child care workers must be diligent about notifying all care providers of the child's latex sensitivity.

Where can I learn more about latex sensitivity?

Ask your public library to help you find appropriate information sources. Your health care provider should have written information for patients with latex reactions. The U.S. government has several agencies that oversee latex production and sales.

Resources

Consumer Product Safety Commission, Office of Information and Public Affairs, Washington, D.C., 20207. Telephone voice 800-638-2772, TTY 800-638-8270. Internet: www.cpsc.gov

Food and Drug Administration, HFI-40, Rockville, MD 20857. Telephone 1-888-463-6332. Email: webmail@oc.fda.gov. Internet: www.fda.gov

National Institute of Occupational Safety and Health, Centers for Disease Control and Prevention, Telephone 1-800-356-4674. Email: pubstaft@cdc.gov. Internet: www.cdc.gov/niosh.

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